

**Experiential Component Summary Approval
Form Concentration in Aerospace**

Students: Complete all fields outlined in blue and sign by typing into the appropriate field. Please e-mail the completed form to engrec@bu.edu for review, along with your written summary. General questions regarding the Experiential Component should be directed to engrec@bu.edu; The experiential component summary must be submitted no later than last day of Spring semester classes, senior year.

Student Name: _____ BU ID# _____

Major: _____ Email Address: _____

Advisor: _____ Class Year: _____

I have completed the experiential component requirement for the Aerospace Concentration by:

*****Please note all group projects require an individual written summary***

Research Experience in Lab

Internship in Aerospace

Senior Capstone Project

Directed Study in Aerospace

Other: _____

Required Supporting Documentation:

Attached Copy of Experiential Component Summary (1 page, Signed by Supervisor; **Required**)

Name of Supervisor: _____

Student Signature: _____ Date: _____

Office Use Only

EXPERIENTIAL COMPONENT SUMMARY APPROVAL

Summary/Evaluation received in Undergraduate Records Office on _____ by _____

Approve
Deny

Proposal Reviewed By : _____ Date: _____

Signature of Concentration Coordinator

Comments: